# **KEY FIGURES 2014**

## Pharmacies and pharmaceuticals in Norway

#### **TURNOVER**

Pharmacies' total turnover: NOK 28.2 billion (+9.0 %)

Community pharmacies: NOK 22.2 billion (+8.1 %) Hospital pharmacies: NOK 6.0 billion (+12.2 %)

Pharmacies' turnover on medicine sales: NOK 21.4 billion (+9.2 %)

Pharmacies' turnover on prescription medicines: NOK 19.1 billion (+9.8 %) 89 % of all medicine sales

Pharmacies' turnover on non-prescription medicines:

NOK 2.3 billion (+4.7 %). 11 per cent of all medicines sales

Medicines that are given reimbursement by National Insurance Scheme (NIS):

NOK 10.3 billion (NIS pays 89 %). Average turnover per inhabitant: NOK 4 114 (+ 8.1 %)

## Medicines with highest turnover

- 1. Adalimumab (Humira)
- 2. Etanercept (Enbrel)
- 3. Infliximab (Remicade)
- 4. Salmeterol and other Drugs for Obstructive Airway Diseases (Seretide)
- 5. Paracetamol (Paracet)

## **PHARMACIES**

Year	Number of pharmacies	Inhabitants per pharmacy
January 2011	682	7 123
January 2012	707	6 959
January 2013	738	6 756
January 2014	767	6 577
January 2015	800	6 386

In January 2015 there were 768 community pharmacies and 32 hospital pharmacies. The hospital pharmacies can also sell to the public.

#### **CONSUMPTION**

All prescription medicines:

2 427 million DDD (+3.0 %)

Prescription medicines sold on prescription:

2 318 million DDD (+3.4 %)

Prescription medicines sold to institutions: 104.3 million DDD (-5.2 %)

## Medicines with highest consumption

- 1. Acetylsalicylic acid (Albyl-E)
- 2. Atorvastatin (Lipitor)
- 3. Simvastatin (Zocor)
- 4. Natriumfluoride (Flux)
- 5. Cetirizine (Zyrtec)

## **PRESCRIPTIONS**

	Number of dispensed prescriptions	% change 2013- 2014
Reimbursement prescritions	29 211 742	2.6
Regular prescriptions	19 283 959	0.3
Other prescriptions	1 382 517	5.6
Total	49 878 218	1.8





### THE PRIMARY GOALS OF THE PHARMACY ACT

- · Correct use of medicines, both medically and financially
- Accessibility for all patients to safe and effective medicines, independent of the patients' financial situation
- Medicines should have as low prices as possible

### **PHARMACY OWNERSHIP**

Since 2001, Norway has had a liberalized system of ownership and establishment:

- Free establishment of pharmacies no establishment criteria
- Free ownership of pharmacies anyone can own pharmacies, except pharmaceutical manufacturers and doctors
- No limit of the number of pharmacies that can be owned by one pharmacy owner
- horizontally integrated pharmacy chains are allowed
- · Vertical integration between wholesalers and pharmacies/ pharmacy chains is allowed

#### **MEDICINE PRICES**

The authorities decide the maximum price for prescription medicines in Norway using three steps:

- 1. The maximum purchase price for pharmacies is set as the average price of the three lowest market prices in nine European countries
- 2. The pharmacies' maximum mark-up consists of a percentage addition to the pharmacies' purchase price combined with a fixed additional amount per package, as shown in table:

Pharmacy purchase price	Percent increase	Supplement in NOK per package	
NOK 0 - 200	7.0 %	25.00 NOK	
NOK > 200	3.0 %	23.00 NOK	

3. The sum of the pharmacy's purchase price and the pharmacy's mark-up is subject to a value added tax of 25 percent

## **«TRINNPRIS» FOR GENERICS**

For medicines that are subject to generic substitution the authorities have decided that pharmacies shall offer patients at least one generic alternative at a price that is considerably lower than the maximum price. These prices are called "trinnpris" (stepped prices). The prices are cut up to 96 %.

### **SERVICES IN NORWEGIAN PHARMACIES**

The Pharmacy chains in Norway do service campaigns like diabetes screening, control of blood pressure, control of cholesterol and so on. The Norwegian Pharmacy Association initiated a randomized controlled medical study in 2014:

### Medisinstart

«Medisinstart» is a new service intended for patients that are about to start a new medicine for a chronic or long-term condition. The service consists of two follow-up consultations with a pharmacist. The first at 1-2 weeks and the second at 3-5 weeks after start of the new medicine. A randomized controlled medical study, including 1 500 patients, started in October 2014 in 70 pharmacies.

The main purpose of the study is to investigate whether «Medisinstart» increases patients' adherence to the prescribed medication. Patients' beliefs about their medicines and their motivation for adherence will also be examined. The study also aims at revealing if «Medisinstart» has additional benefits for the patient, the society and the pharmacies.

More information in English about the study: http://apotek.no/Default.aspx?ID=7008